JB DOGM M/003/055	5/10/2001
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	C. Signature X Agent Addressee
Article Addressed to:	D. Is delivery address different from item 1?
MICHAEL PAULETTO INTERSTATE ROCK QUARRIES 22310 NE HILLSIDE DR	
VANCOUVER WA 98682	3. Service Type ☐ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) 7000 0520 0021 7582 9156	
PS Form 3811, July 1999 Domestic Retu	urn Receipt 102595-99-M-1789

